OFFICE OF PLANNING, ZONING AND HISTORIC PRESERVATION

108 Sherman Street Telephone (605) 578-2082 Fax (605) 578-2084



FOR OFFICE USE ONLY Case No. 230 15

Project Approval

Date Received 1014123

City of Deadwood Application for Project Approval OR Certificate of Appropriateness

The Deadwood Historic Preservation Commission reviews all applications. Approval is issued for proposed work in keeping with City of Deadwood Ordinances & Guidelines, South Dakota State Administrative Rules and the Secretary of the Interior's Standards for Rehabilitation.

This application must be typed or printed in ink and submitted to:

City of Deadwood Deadwood Historic Preservation Office 108 Sherman Street Deadwood, SD 57732

FOR INFORMATION REGARDING THIS FORM, CALL 605-578-2082

PROPER	TY INFORMATION		
Property Address:374 Williams St			
Historic Name of Property (if known):Dr. Flora Stanfo	rd House		
APPLICANT	INFORMATION		
Applicant is: vowner contractor architect	consultantother		
Owner's Name: Charles Eagleson	Architect's Name:		
Address: 374 Williams St	Address:		
City: Deadwood State: SD Zip: 57732	City: State: Zip:		
Telephone: 808-780-8557 Fax:	Telephone: Fax:		
E-mail: sushiguy@mac.com	E-mail:		
Contractor's Name: Whitley's Construction	Agent's Name:		
Address:	Address:		
City:State:Zip:	City: State: Zip:		
Telephone: Fax:	Telephone: Fax:		
E-mail:	E-mail:		
TYPE OF IN	MPROVEMENT		
Alteration (change to exterior)	No. of the state o		
New Construction New Building	Addition Accessory Structure		
✓ General Maintenance Re-Roofing	✓ Wood Repair ✓ Exterior Painting		
SidingOther Awning	☐Windows ☐Porch/Deck ☐Sign ☐Fencing		

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Ca	se No

ACTIVITY: (CHECK AS APPLICABLE)						
Project Start Date: 10-12-2023 Project Completion Date (anticipated): 7.30.2023						
ALTERATION	Front	Side(s) Rear				
ADDITION	Front	Side(s) Rear				
NEW CONSTRUCTION	Residentia	al Other				
□ROOF	□New □Front	☐ Re-roofing ☐ Material ☐ Side(s) ☐ Rear ☐ Alteration to roof				
□GARAGE	☐New ☐Front	☐ Rehabilitation ☐ Side(s) ☐ Rear				
FENCE/GATE	□ New □ Front	Replacement Side(s) Rear				
MaterialStyle/typeDimensions						
MINDOWS []STOR	Restoration					
Material	S	style/type				
□PORCH/DECK	Front	on Replacement New Side(s) Rear				
Note: Please provide o						
		Replacement				
MaterialStyle/type Dimensions						
OTHER – Describe in detail below or use attachments						
DESCRIPTION OF ACTIVITY						
Describe in detail, the above activity (use attachments if necessary including type of materials to be used) and submit as applicable. Descriptive materials such as photos and drawings are necessary to illustrate the work and to help the commissioners and staff evaluate the proposed changes. Information should be supplied for each element of the proposed work along with general drawings and/or photographs as appropriate.						
Failure to supply adequate documentation could result in delays in processing and denial of the request. Describe in detail below (add pages as necessary).						
Repair siding and trim. When every attempt to repair is exhasted or not possible to maintain the integrity of the						
structure, wood replacement material will be used to fill in, i.e, templates will be drawn of missing corbel layers						
so new replacement pieces can be cut out and added back. Broken porch window glass will be replaced and all						
porch windows will be re-glazed. Once all repairs are made, the house will be painted.						

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Case No.	

SIGNATURES

I HEREBY CERTIFY I understand this application will not be accepted and processed until all the requested information has been supplied. I realize drawings and measurements must be exact and if errors result in a violation of the Commission's approval, then appropriate changes will have to be made. I also understand this application may require a site visit / additional research by staff and a PUBLIC HEARING by the DEADWOOD HISTORIC PRESERVATION COMMISSION.

I understand this application is for a Certificate of Appropriateness or Project Approval only and that a building permit is required for any uses associated with this location prior to any constructions, alterations, etc. All statements are true to the best of my knowledge and belief.

I understand approval is issued for proposed work in keeping with City of Deadwood Ordinances, South Dakota State Administrative Rules and the Secretary of the Interior's Standards for Rehabilitation and copies are available for my review.

Charles Cagle	10/4/2:	3	
SIGNATURE OF OWNER(S)	DATE	SIGNATURE OF AGENT(S)	DATE
SIGNATURE OF OWNER(S)	DATE	SIGNATURE OF AGENT(S)	DATE
SIGNATURE OF OWNER(S)	DATE	SIGNATURE OF AGENT(S)	DATE

APPLICATION DEADLINE

This form and all supporting documentation **MUST** arrive by 5:00 p.m. on the 1st or 3rd Wednesday of every month to be considered at the next Historic Preservation Commission Meeting. The meeting schedule and filing deadlines are on file with the Historic Preservation Office. Any information not provided to staff in advance of the meeting will not be considered by the Commission during their deliberation. Please call if you have any questions and staff will assist you.

Please use the attached criteria checklist as a guide to completing the application. Incomplete applications cannot be reviewed and will be returned to you for more information. All submitted materials will be retained by the Historic Preservation Office. Do not submit your only copy of any piece of documentation.

The City of Deadwood Historic Preservation Office has numerous resources available for your assistance upon request.

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